

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A PROCESS FOR THE MONONITRATION OF ALKANEDIOLS
Attorney Docket Number::	2503-1149
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	0
Total Drawing Sheets::	0
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: NEVIO  
Middle Name::  
Family Name:: FRANCESCUTTI  
Name Suffix::  
City of Residence:: SAN GIOVANI DI CASARSA (PN)  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA CARAVAGGIO, 21  
Address::  
City of Mailing Address:: SAN GIOVANI DI CASARSA (PN)  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 33070

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: TIZIANO  
Middle Name::  
Family Name:: SCUBLA  
Name Suffix::  
City of Residence:: PASIAN DI PRATO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA BONANNI, 32  
Address::  
City of Mailing Address:: PASIAN DI PRATO

State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 33037

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: FAUSTO  
Middle Name::  
Family Name:: GORASSINI  
Name Suffix::  
City of Residence:: UDINE  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA CODROIPO, 30  
City of Mailing Address:: UDINE  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 33100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: GRAZIANO  
Middle Name::  
Family Name:: CASTALDI  
Name Suffix::  
City of Residence:: BRIONA (NO)  
State or Province of  
Residence::  
Country of Residence:: ITALY

Street of Mailing                      VIA LIVIA GALLINA 5  
Address::  
City of Mailing Address::              BRIONA (NO)  
State or Province of Mailing Address::  
Country of Mailing Address::          ITALY  
Postal or Zip Code of Mailing Address:: 28072

**Correspondence Information**

Correspondence Customer              00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/012376	11/6/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2002A002410	11/14/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::